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| Fill in this information to identify your ca | | |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Scott government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). **Trambles** Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of xxx - xx - 4 5 6 3your Social Security number or federal OR **Individual Taxpayer** Identification number (ITIN) Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and

doing business as names

Business name

Business name

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| Deb | otor 1 | Scott T Trambles | | | Case nu | umber (if known) |
|-----|---------|---------------------------------|--------------------|---|--------------|--|
| | | | Abo | out Debtor 1: | Ab | out Debtor 2 (Spouse Only in a Joint Case): |
| | | | EIN | | EIN | , |
| | | | EIN | · - ⁻ | - EIN | _i — ⁻ — — — — — |
| 5. | Where | you live | | | If C | Debtor 2 lives at a different address: |
| | | | 20 5 Nun | 534 Marathon Ct nber Street | Nui | mber Street |
| | | | _ | . = | | |
| | | | City | rmpia Fields IL 60461 State ZIP Code | City | State ZIP Code |
| | | | Cou | | _ <u></u> | unty |
| | | | | | | • |
| | | | the cou | our mailing address is different from one above, fill it in here. Note that the rt will send any notices to you at this ling address. | fro wil | Debtor 2's mailing address is different m yours, fill it in here. Note that the court send any notices to you at this mailing dress. |
| | | | 204 | 534 Marthon Ct | | |
| | | | Nun | | Nui | mber Street |
| | | | P.O | . Box | — <u>P.C</u> |). Box |
| | | | | mpia Fields IL 60461 | | |
| | | | City | State ZIP Code | City | State ZIP Code |
| 6. | | ou are choosing | Che | eck one: | Ch | eck one: |
| | bankru | district to file for cruptcy | V | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | | I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| Р | art 2: | Tell the Court Ab | out Y | our Bankruptcy Case | | |
| 7. | | apter of the optcy Code you | | ek one: (For a brief description of each, see ankruptcy (Form 2010)). Also, go to the top | | equired by 11 U.S.C. § 342(b) for Individuals Filing and check the appropriate box. |
| | are cho | oosing to file | 7 | Chapter 7 | | |
| | | | | Chapter 11 | | |
| | | | _ | Chapter 12 | | |
| | | | | Chapter 13 | | |
| | | | | | | |

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| Deb | otor 1 Scott T Trambles | Trambles Case number (if known) | | | | | | | |
|-----|---|---------------------------------|---|--------------------------------------|--|--------------------------|---|---------------------------------------|----------------|
| 8. | How you will pay the fee | | court for m | nore details abo ash, cashier's c | when I file my petition that how you may pay theck, or money order pay with a credit can | r. Typical er. If you | ly, if you are pay r attorney is sub | ring the fee your mitting your pay | self, you may |
| | | | - | | nstallments. If you ing Fee in Installmer | | | and attach the A | pplication for |
| | | L t f | I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. | | | | | | |
| 9. | Have you filed for | _ ' | No | | | | | | |
| | bankruptcy within the last 8 years? | Ø ' | Yes. | | | | | | |
| | | Distric | ct Ch 13 | -dismissed | | _ When | 11/14/2017 MM / DD / YYYY | Case number | 17-30630 |
| | | Distri | ct | | | _ When | | Case number | |
| | | Distric | ct | | | | MM / DD / YYYY | | |
| 10. | Are any bankruptcy | ☑ 1 | No | | | | | | |
| | cases pending or being filed by a spouse who is | | Yes. | | | | | | |
| | not filing this case with you, or by a business | Debto | or | | | | Relationsh | ip to you | |
| | partner, or by an | Distri | ct | | | When | | Case number, | |
| | affiliate? | | | | | | MM / DD / YYYY | if known | |
| | | Debto | or | | | | Relationsh | ip to you | |
| | | Distric | ct | | | _ When | MM / DD / YYYY | | |
| 11. | Do you rent your residence? | ب | | to line 12. s your landlord o | obtained an eviction | judgmen | t against you? | | |
| | | | | | e 12. nitial Statement Abo part of this bankrupto | | - | Against You (Fo | rm 101A) |

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| Deb | tor 1 | Scott T Trambles | | | | C | ase number (if known) | | |
|-----|--|---|-------------------------|--------|--|--|--|------------------------------|--|
| P | art 3: | Report About Ar | ny Bu | ısine | sses You Own as | a Sole Proprie | tor | | |
| 12. | - | a sole proprietor ull- or part-time ss? | | | Go to Part 4. Name and location of b | ousiness | | | |
| | A aala m | vonviotovohin io o | | | Local Trucker | | | | |
| | | roprietorship is a s you operate as an | | | Name of business, if any | | | | |
| | individu | al, and is not a | | | 20534 Marathon C | t, Olympia Field | s, II | | |
| | • | e legal entity such as ration, partnership, or | | | Number Street | | | | |
| | - | ave more than one prietorship, use a | | | City | | State | ZIP Co | ode |
| | separat | sheet and attach it | | | Check the appropriate | e box to describe y | our business: | | |
| | to this p | etition. | | | ☐ Health Care Bus | iness (as defined i | n 11 U.S.C. § 101(27A)) | 1 | |
| | | | | | | , | ed in 11 U.S.C. § 101(51 | | |
| | | | | | _ | defined in 11 U.S.0 | C. § 101(53A)) | | |
| | | | | | = | er (as defined in 1 | 1 U.S.C. § 101(6)) | | |
| | | | | | None of the above | /e | | | |
| 13. | 3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> | | can mos | set ap | propriate deadlines. If nt balance sheet, stater | you indicate that y ment of operations, | ow whether you are a srou are a small business cash-flow statement, and procedure in 11 U.S.C. | debtor, you nd federal ir | u must attach your ncome tax return |
| | debtor | lebtor? | $\overline{\checkmark}$ | No. | I am not filing under C | Chapter 11. | | | |
| | | efinition of small s debtor, see | | No. | I am filing under Chap the Bankruptcy Code. | | OT a small business deb | otor accordii | ng to the definition in |
| | 11 U.S. | C. § 101(51D). | | Yes. | I am filing under Chap Bankruptcy Code. | oter 11 and I am a | small business debtor a | ccording to | the definition in the |
| Pa | art 4: | Report If You Ov | vn o | r Hav | e Any Hazardous | Property or Ar | y Property That N | eeds Imn | nediate Attention |
| 14. | Do you | own or have any | V | No | | | | | |
| | propert alleged immine | y that poses or is to pose a threat of nt and identifiable to public health or | | | What is the hazard? | | | | |
| | safety? any pro | Or do you own perty that needs attention? | | | If immediate attention | is needed, why is | it needed? | | |
| | perisha livestoc | mple, do you own ble goods, or k that must be fed, or | | | Where is the property | | | | |
| | a buildii repairs? | ng that needs urgent | | | | Number Street | | | |
| | | | | | | | | | |
| | | | | | | City | | State | ZIP Code |

Debtor 1 Scott T Trambles Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one: I received a briefing from an approved credit

About Debtor 1:

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| | | Scott T Trambles | Case number (if known) Questions for Reporting Purposes | | | | | | |
|-----|--|--|--|---|--------------------|--|-------|--|--|
| | | Answer These Q | | | | | | | |
| 16. | What ki have? | nd of debts do you | 16a. | | lividual pr 6b. | sumer debts? Consumer de imarily for a personal, family, | | re defined in 11 U.S.C. § 101(8) usehold purpose." | |
| | | | 16b. | b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. | | | | | |
| | | | 16c. | State the type of debts | s you owe | e that are not consumer or bu | sines | s debts. | |
| 17. | - | Are you filing under Chapter 7? | | No. I am not filing un | der Chap | ter 7. Go to line 18. | | | |
| | any exe | Do you estimate that after any exempt property is excluded and | | · · | • | • | • | xempt property is excluded and to distribute to unsecured creditors? | |
| | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | | ✓ Yes | | | | | |
| 18. | | any creditors do imate that you | | 1-49 50-99 100-199 200-999 | | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 | |
| 19. | | uch do you e your assets to th? | | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |
| 20. | | uch do you e your liabilities to | | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |

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| Debtor 1 | Scott T Trambles | | Case number (if known) |
|----------|------------------|--|---|
| Part 7: | Sign Below | | |
| or you | | I have examined this petition, and I declar and correct. | re under penalty of perjury that the information provided is true |
| | | • | am aware that I may proceed, if eligible, under Chapter 7, 11, 12, derstand the relief available under each chapter, and I choose to |
| | | | pay or agree to pay someone who is not an attorney to help me I read the notice required by 11 U.S.C. § 342(b). |
| | | I request relief in accordance with the cha | pter of title 11, United States Code, specified in this petition. |
| | | • | oncealing property, or obtaining money or property by fraud in sult in fines up to \$250,000, or imprisonment for up to 20 years, and 3571. |
| | | X /s/ Scott T Trambles Scott T Trambles, Debtor 1 | XSignature of Debtor 2 |
| | | Executed on 03/06/2018 | Executed on |

MM / DD / YYYY

MM / DD / YYYY

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| Debtor 1 | Scott T Trambles | | Case number (if know | n) |
|------------|---|---|--|---|
| represente | not represented by ey, you do not need | I, the attorney for the debtor(s) named in this pre- eligibility to proceed under Chapter 7, 11, 12, or relief available under each chapter for which the the debtor(s) the notice required by 11 U.S.C. § certify that I have no knowledge after an inquiry is incorrect. | r 13 of title 11, United Sta e person is eligible. I also 3 342(b) and, in a case in t | tes Code, and have explained the cortify that I have delivered to which § 707(b)(4)(D) applies, |
| | | X /s/ Robert J. Adams & Associates Signature of Attorney for Debtor | Date | 03/06/2018 MM / DD / YYYY |
| | | Robert J. Adams & Associates Printed name Robert J Adams & Associates Firm Name 901 W Jackson Suite 202 Number Street | | |
| | | Chicago City | IL State | |
| | | Contact phone (312) 346-0100 | Email address staff.r | ja@gmail.com |
| | | 0013056 Bar number | IL State | _ |

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| Fill in this i | nformation to i | dentify your case a | and this filing: | | |
|--|--|---|---|---|--------------------------------------|
| Debtor 1 | Scott | Т | Trambles | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filin | ng) First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court fo | r the: NORTHERN DI | STRICT OF ILLINOIS | | |
| Case number (if known) | | | | <u>-</u> | if this is an ed filing |
| Official For | m 106A/B | | | | |
| - | A/B: Property | y | | | 12/15 |
| the asset in the filing together, I sheet to this for Part 1: D. 1. Do you ow | category where you both are equally remmed on the top of a Describe Each F | ou think it fits best. Be sponsible for supplyir ny additional pages, v Residence, Buildin | e as complete and accurate a ng correct information. If mo write your name and case nui | sset fits in more than one cat s possible. If two married pe re space is needed, attach a smber (if known). Answer eve Estate You Own or Have nd, or similar property? | ople are separate ry question. |
| ш | Where is the proper | y? | | | |
| 1.1. 20534 Maratho 60461 | on Ct, Olympia F | ields, IL Check all the Single- | e property? nat apply. family home or multi-unit building | Do not deduct secured clair amount of any secured clair Creditors Who Have Claim. Current value of the | ms on Schedule D: |
| house | | Condo | minium or cooperative | entire property? | portion you own? |
| value, per zillo | ow.com | ☐ Manufa ☐ Land | actured or mobile home | \$178,297.00 | \$178,297.00 |
| Cook County | | Investr | nent property nare | Describe the nature of yo interest (such as fee simp entireties, or a life estate) | ole, tenancy by the |
| | | | n interest in the property? | Fee simple | |
| | | | 1 only | Check if this is comm (see instructions) | unity property |
| | | | rmation you wish to add abor | ut this item, such as local | _ |
| | • | | of your entries from Part 1, in | _ | \$178,297.00 |
| Part 2: | Describe Your V | ehicles | | • | |
| - | | • | | re registered or not? Include secutory Contracts and Unexpir | • |
| 3. Cars, vans | , trucks, tractors, s | sport utility vehicles, m | notorcycles | | |
| ☐ No ☑ Yes | | | | | |

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| Debto | r 1 Scott T | Trambles | | Case number (if known) | |
|--|--|--|--|------------------------------|---|
| Other | : ximate mileage: information: | | Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and anoth | | ims on Schedule D: |
| 14000 | Hyundai Sant 00 miles) , per KBB.Cor | | (see instructions) | у | |
| 3.2. Make: Model Year: Appro. Other 2010 miles | : ximate mileage: information: Peterbilt 387 (s) Vatercraft, aircr | Peterbilt 387 2010 540,000 (approx. 540000 aft, motor homes, AT | Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and anoth □ Check if this is community propert (see instructions) C's and other recreational vehicles, other wonal watercraft, fishing vessels, snowmobiles | vehicles, and accessories | ims on Schedule D: |
| Par | t 3: Descr | s you have attached to | ou own for all of your entries from Part 2, in for Part 2. Write that number here | | \$29,000.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E G | Examples: Major No Yes. Describ | s and furnishings appliances, furniture, e 6 room house | linens, china, kitchenware | | \$1,000.00 |
| E G | • | collections; electronic | io, video, stereo, and digital equipment; comp c devices including cell phones, cameras, me | | |
| <u> </u> | stamp No Yes. Describ | o, coin, or baseball car | ntings, prints, or other artwork; books, pictures d collections; other collections, memorabilia, | | |
| E | xamples: Sports | s, photographic, exerces and kayaks; carpen | ise, and other hobby equipment; bicycles, por try tools; musical instruments | ol tables, golf clubs, skis; | |

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| Debt | or 1 S o | cott T Trambles | Case number (if known) | |
|------|-----------------------|--|--|---|
| 10. | Firearms Examples: | : Pistols, rifles, shotauns, a | ammunition, and related equipment | |
| | ✓ No | Describe | | |
| 11. | | : Everyday clothes, furs, le | eather coats, designer wear, shoes, accessories | |
| | ☐ No ✓ Yes. [| Describe Clothes | | \$500.00 |
| 12. | Jewelry Examples: | : Everyday jewelry, costum gold, silver | ne jewelry, engagement rings, wedding rings, heirloom jewelry, watches, geme | 5, |
| | ✓ No ☐ Yes. [| Describe | | |
| 13. | Non-farm Examples: | animals Dogs, cats, birds, horses | | |
| | ✓ No ☐ Yes. [| Describe | | |
| 14. | Any other did not lis | • | items you did not already list, including any health aids you | |
| | | Give specific nation | | |
| 15. | | | entries from Part 3, including any entries for pages you have ber here | \$1,500.00 |
| Pa | rt 4: | Describe Your Finan | cial Assets | |
| Do y | ou own or | r have any legal or equita | ble interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash Examples: | : Money you have in your v | wallet, in your home, in a safe deposit box, and on hand when you file your | |
| | □ No ☑ Yes | | Cash: | \$500.00 |
| 17. | Deposits of Examples: | : Checking, savings, or oth | ner financial accounts; certificates of deposit; shares in credit unions, ther similar institutions. If you have multiple accounts with the same | |
| | □ No ☑ Yes | | Institution name: | |
| | | | | |
| | 17.1. | | Checking account; Bank of America | \$1,000.00 |
| 18. | Bonds, m | Checking account: | | \$1,000.00 |

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| Debt | tor 1 Scott T Trambles | | Case number (if known) | |
|------|--|------------------------------------|---|------------|
| 19. | Non-publicly traded stock and ir an interest in an LLC, partnershi | | ncorporated businesses, including | |
| | ✓ No Yes. Give specific information about themName | e of entity: | % of ownership: | |
| 20. | Government and corporate bond Negotiable instruments include pe Non-negotiable instruments are the | rsonal checks, cashiers' checks, p | promissory notes, and money orders. | |
| | ✓ No Yes. Give specific information about them | r name: | | |
| 21. | Retirement or pension accounts Examples: Interests in IRA, ERISA profit-sharing plans | | ings accounts, or other pension or | |
| | ✓ NoYes. List each account separately. Type of | account: Institution name: | | |
| 22. | • | you have made so that you may c | ontinue service or use from a company electric, gas, water), telecommunications | |
| | ✓ No ☐ Yes | Institution name or inc | dividual: | |
| 23. | Annuities (A contract for a specif ✓ No ✓ YesIssue | | ou, either for life or for a number of years) | |
| 24. | — | an account in a qualified ABLE | program, or under a qualified state tuition program. | |
| | ✓ No ☐ Yes Institu | ition name and description. Separ | rately file the records of any interests. 11 U.S.C. § 521(| c) |
| 25. | Trusts, equitable or future intere powers exercisable for your ben | | ning listed in line 1), and rights or | |
| | ✓ No Yes. Give specific information about them | | | |
| 26. | Patents, copyrights, trademarks Examples: Internet domain names | | • • • | |
| | ✓ No Yes. Give specific information about them | | | |
| 27. | , , , | | ation holdings, liquor licenses, professional licenses | |
| | ✓ No Yes. Give specific information about them | | | |

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| Deb | otor 1 Scott T Trambles | Case number (if known) | |
|-----|---|---|---|
| Mor | ney or property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you | | |
| | No Yes. Give specific information about them, including whether you already filed the returns and the tax years | Federa State: Local: | |
| 29. | Family support Examples: Past due or lump sum alimony, spousal support, child sup No | port, maintenance, divorce settlement, proper | rty settlement |
| | Yes. Give specific information | Alimony: | |
| | | Maintenance: | |
| | | Support: | |
| | | Divorce settlemen | nt: |
| | | Property settleme | nt: |
| 30. | Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability be compensation, Social Security benefits; unpaid loans you ✓ No ☐ Yes. Give specific information | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; health savings account | t (HSA); credit, homeowner's, or renter's insur | ance |
| | No Yes. Name the insurance company of each policy and list its value | Beneficiary: S | Surrender or refund value: |
| 32. | Any interest in property that is due you from someone who has d If you are the beneficiary of a living trust, expect proceeds from a life entitled to receive property because someone has died | | |
| | ✓ No✓ Yes. Give specific information | | |
| 33. | Claims against third parties, whether or not you have filed a laws Examples: Accidents, employment disputes, insurance claims, or right | • • | |
| | ✓ No Yes. Describe each claim | | |
| 34. | Other contingent and unliquidated claims of every nature, including rights to set off claims | ng counterclaims of the debtor and | |
| | ✓ No ☐ Yes. Describe each claim | | |
| 35. | Any financial assets you did not already list | | |
| | ✓ No✓ Yes. Give specific information | | |
| 36. | Add the dollar value of all of your entries from Part 4, including a attached for Part 4. Write that number here | | \$1,500.00 |

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| Deb | otor 1 | Scott T Trambles Case number (if known) | |
|-----|---------|--|---|
| Р | art 5: | Describe Any Business-Related Property You Own or Have an Interest In. Lis | st any real estate in Part 1. |
| 37. | Do yo | u own or have any legal or equitable interest in any business-related property? | |
| | ✓ No | o. Go to Part 6. | |
| | _ | | Current value of the portion you own? Do not deduct secured |
| 38. | Accou | nts receivable or commissions you already earned | claims or exemptions. |
| | ✓ No | s. Describe | |
| 39. | | equipment, furnishings, and supplies oles: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephone desks, chairs, electronic devices | s, |
| | ✓ No | s. Describe | |
| 40. | Machi | nery, fixtures, equipment, supplies you use in business, and tools of your trade | |
| | ✓ No | s. Describe | |
| 41. | Invent | ory | |
| | ✓ No | s. Describe | |
| 42. | Interes | sts in partnerships or joint ventures | |
| | ✓ No | ss. Describe Name of entity: % of owner | ship: |
| 43. | Custo | mer lists, mailing lists, or other compilations | |
| | ✓ No | is. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe | |
| 44. | Any b | usiness-related property you did not already list | |
| | ✓ No | s. Give specific information. | |
| 45. | | ee dollar value of all of your entries from Part 5, including any entries for pages you have ed for Part 5. Write that number here | → \$0.00 |
| Ρ | art 6: | Describe Any Farm- and Commercial Fishing-Related Property You Own or H If you own or have an interest in farmland, list it in Part 1. | ave an Interest In. |
| 46. | Do yo | u own or have any legal or equitable interest in any farm- or commercial fishing-related property | ? |
| | | o. Go to Part 7. | |

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| Deb' | tor 1 | Scott T Trambles | Case number (if known) | |
|------|---------------|---|---------------------------|---|
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | Farm ar | nimals /es: Livestock, poultry, farm-raised fish | | |
| | ✓ No ☐ Yes | 3 . | | |
| 48. | Crops | either growing or harvested | | |
| | | s. Give specific ormation | | |
| 49. | Farm ar | nd fishing equipment, implements, machinery, fixtures, and tools of tra | ade | |
| | ✓ No ☐ Yes | ; . | | |
| 50. | Farm ar | nd fishing supplies, chemicals, and feed | | |
| | ✓ No ☐ Yes | ş | | |
| 51. | Any far | m- and commercial fishing-related property you did not already list | | |
| | | s. Give specific | | |
| 52. | | e dollar value of all of your entries from Part 6, including any entries for ed for Part 6. Write that number here | _ | \$0.00 |
| Pa | art 7: | Describe All Property You Own or Have an Interest in The | at You Did Not List Above | <u> </u> |
| 53. | - | have other property of any kind you did not already list? les: Season tickets, country club membership | | |
| | □ No | | | |
| | <u> </u> | s. Give specific information. 113 Sun Country Five Car | | \$45,583.91 |
| | so | ole stockholder SDM Transporation, Inc. wns no property) | | \$0.00 |
| 54. | Add the | e dollar value of all of your entries from Part 7. Write that number here | e | \$45,583.91 |

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| Debtor 1 | Scott T Trambles | Case nu | ımber (if known) | _ |
|------------|--|-------------|------------------------------|--------------|
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Part 1 | l: Total real estate, line 2 | | | \$178,297.00 |
| 56. Part 2 | 2: Total vehicles, line 5 | \$29,000.00 | | |
| 57. Part 3 | 3: Total personal and household items, line 15 | \$1,500.00 | | |
| 58. Part 4 | 1: Total financial assets, line 36 | \$1,500.00 | | |
| 59. Part 5 | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Part 7 | 7: Total other property not listed, line 54 | \$45,583.91 | | |
| 62. Total | personal property. Add lines 56 through 61 | \$77,583.91 | Copy personal property total | +\$77,583.91 |
| 63. Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$255,880.91 |

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| Debtor 1 | Scott First Name | T Middle Name | Tramble Last Name | s | | |
|--|--|---|---|--------------------------------------|--|--|
| Debtor 2 | | | | | | |
| (Spouse, if filing) | | Middle Name | | | 1010 | |
| | nkruptcy Court for t | he: NORTHE | RN DISTRICT OF | ILLIN | OIS | Check if this is an |
| Case number (if known) | | | | | | amended filing |
| Official Form | 106C | | | | | |
| Schedule C: | The Proper | ty You Cl | aim as Exem | pt | | 04 |
| Using the property space is needed, fi | you listed on <i>Sche</i> | dule A/B: Prop this page as m | erty (Official Form 10 | 6A/B) | as your source, list th | esponsible for supplying correct information e property that you claim as exempt. If messary. On the top of any additional pages |
| to state a specif | fic dollar amount a e amount of any a | as exempt. Al applicable stat | ternatively, you may cutory limit. Some e nt fundsmay be un | / clair xemp limite | n the full fair market tions-such as those | you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an |
| xemption of 100% | % of fair market va | ılue under a la | | | on to a particular doll mited to the applicab | |
| xemption of 100% roperty is determ | % of fair market va | ilue under a la at amount, yo | ur exemption would | | | |
| xemption of 1009 roperty is determ | % of fair market vanined to exceed the ntify the Prope | alue under a la at amount, yo | ur exemption would | l be li | mited to the applicab | le statutory amount. |
| Part 1: Ide Which set of | % of fair market vanined to exceed the ntify the Property exemptions are you | ulue under a la at amount, yo erty You Cla ou claiming? federal nonban | nim as Exempt Check one only, kruptcy exemptions. | l be li | mited to the applicab | le statutory amount. |
| Part 1: Ide Which set of You are | % of fair market valued to exceed the ntify the Property exemptions are you claiming state and to claiming federal exceptions. | ety You Cla but amount, you claiming? federal nonban emptions. 11 U | check one only, kruptcy exemptions. J.S.C. § 522(b)(2) | even | mited to the applicab | le statutory amount. with you. |
| Part 1: Ide Which set of You are of You are of the Serief description of 100%. | % of fair market valued to exceed the ntify the Property exemptions are you claiming state and to claiming federal exceptions. | erty You Cla bu claiming? federal nonban emptions. 11 Uchedule A/B the | check one only, kruptcy exemptions. J.S.C. § 522(b)(2) | even 11 U. mpt, f | if your spouse is filing S.C. § 522(b)(3) | le statutory amount. with you. |
| Part 1: Ide Which set of You are of You are of the String Property is determined by the set of the String Property is determined by the set of the String Property is determined by the set of the se | of fair market value of fair market value of fair market value of the Property of the Property on the property and the proper | erty You Cla bu claiming? federal nonban emptions. 11 Uchedule A/B the | Check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you | even 11 U. mpt, f Am exe | if your spouse is filing S.C. § 522(b)(3) ill in the information ount of the mption you claim | le statutory amount. with you. below. |
| Part 1: Ide . Which set of You are of You are of You are of the Strief description of Schedule A/B that | of fair market value of fair market value of fair market value of the Property of the Property on the property and the proper | erty You Cla bu claiming? federal nonban emptions. 11 Uchedule A/B the | check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from Schedule A/B | even 11 U. mpt, 1 Am exe | if your spouse is filing S.C. § 522(b)(3) ill in the information ount of the mption you claim eck only one box for the exemption | with you. below. Specific laws that allow exemption |
| Part 1: Ide Which set of You are of You are of the Corner | of fair market value of fair market value of fair market value of the Property of the Property on the property and the proper | erty You Cla bu claiming? federal nonban emptions. 11 Uchedule A/B the | Check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from | even 11 U. mpt, f Am exe | if your spouse is filing S.C. § 522(b)(3) ill in the information ount of the mption you claim | le statutory amount. with you. below. |
| Part 1: Ide Which set of You are of You are of the description of the description: ouse alue, per zillow | of fair market valued to exceed the ntify the Property exemptions are you claiming state and to claiming federal exemptions for the property and lists this property. | erty You Cla bu claiming? federal nonban emptions. 11 Uchedule A/B the | check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from Schedule A/B | even 11 U. mpt, f Am exe | if your spouse is filing S.C. § 522(b)(3) ill in the information ount of the mption you claim ock only one box for the exemption \$0.00 100% of fair market value, up to any applicable statutory | with you. below. Specific laws that allow exemption |
| Part 1: Ide Which set of You are of You are of You are of the description of the description: ouse alue, per zillow ine from Schedule | of fair market valued to exceed the ntify the Property exemptions are you claiming state and to claiming federal exemptions for the property and lists this property. | erty You Cla bu claiming? federal nonban emptions. 11 Uchedule A/B the | check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from Schedule A/B | even 11 U. mpt, 1 Am exe | if your spouse is filing S.C. § 522(b)(3) ill in the information ount of the mption you claim ack only one box for th exemption \$0.00 100% of fair market value, up to any applicable statutory limit | le statutory amount. with you. below. Specific laws that allow exemption 735 ILCS 5/12-901 |
| Part 1: Ide Which set of You are | of fair market valued to exceed the ntify the Property exemptions are you claiming state and to claiming federal exemptions for the property and lists this property. | alue under a la at amount, yourty You Cla ou claiming? federal nonbant emptions. 11 to the dule A/B the dule on y | check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from Schedule A/B | even 11 U. mpt, 1 Am exe | if your spouse is filing S.C. § 522(b)(3) ill in the information ount of the mption you claim ock only one box for the exemption \$0.00 100% of fair market value, up to any applicable statutory | with you. below. Specific laws that allow exemption |
| Part 1: Ide Which set of You are | of fair market value of fair market value of fair market value of the Property of the property and lists this property of the | alue under a la at amount, yourty You Cla ou claiming? federal nonbant emptions. 11 to the dule A/B the dule on y | check one only, kruptcy exemptions. J.S.C. § 522(b)(2) at you claim as exe Current value of the portion you own Copy the value from Schedule A/B | even 11 U. mpt, 1 Am exe | if your spouse is filing S.C. § 522(b)(3) ill in the information ount of the mption you claim ck only one box for h exemption \$0.00 100% of fair market value, up to any applicable statutory limit \$1,000.00 | le statutory amount. with you. below. Specific laws that allow exemption 735 ILCS 5/12-901 |

✓ No

□ No Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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| Debtor 1 Scott T Trambles | | Case numbe | r (if known) |
|--|--------------------------------------|---|------------------------------------|
| Part 2: Additional Page | | | |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: 2010 Peterbilt 387 (approx. 540000 miles) | \$28,000.00 | \$0.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: | | value, up to any applicable statutory limit | |
| Brief description: | \$1,000.00 | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| 6 room house Line from Schedule A/B: 6 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$500.00 | \$500.00 | 735 ILCS 5/12-1001(a), (e) |
| Clothes Line from Schedule A/B: 11 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$500.00 | \$500.00 100% of fair market | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B:16 | | value, up to any applicable statutory limit | |
| Brief description: Checking account; Bank of America | \$1,000.00 | \$1,000.00 100% of fair market | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B:17.1 | | value, up to any applicable statutory limit | |
| Brief description: 2013 Sun Country Five Car | \$45,583.91 | \$0.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 53 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: sole stockholder SDM Transporation, Inc. (owns no property) Line from Schedule A/B:53 | \$0.00 | \$0.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

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| Fill in this info | ormation to ident | ify your case: | | | | |
|----------------------------------|---|-------------------------------|--------------------------|------------------------------------|---|-------------------|
| Debtor 1 | Scott First Name | T Middle Name | Trambles Last Name | | | |
| Debtor 2 | . not raine | aa.e rae | 2401.140 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DIS | STRICT OF ILLINOIS | <u>s</u> | | |
| Case number | | | | | Charlett this is | |
| (if known) | | | | | Check if this is amended filing | |
| Official Form | 106D | | | | | |
| | | o Have Clai | ms Secured by | / Property | | 12/15 |
| | | | | | | |
| | • | | | • | ly responsible for sup ies, and attach it to thi | |
| On the top of any | additional pages, wri | te your name and | case number (if know | vn). | | |
| 1. Do any credit | ors have claims secu | ared by your prop | ertv? | | | |
| _ | | | - | edules. You have noth | ning else to report on th | is form. |
| Yes. Fill | in all of the informatio | n below. | | | | |
| Part 1: List | t All Secured Cla | ims | | | | |
| 2. List all secure | ed claims. If a credito | or has more than or | ne secured | | | |
| claim, list the | creditor separately for | each claim. If mor | e than one | Column A | Column B | Column C |
| | particular claim, list th ible, list the claims in a | | | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| creditor's name | • | , | 3 | value of collateral | claim | If any |
| 2.1 | | Describe the | | \$38,292.50 | \$28,000.00 | \$10,292.50 |
| Concordia Finan | nce | secures the cl — 2010 Peterbe | | | | <u> </u> |
| | oire Blvd Ste A210 | | .n. | | | |
| Number Street | | | | | | |
| | | As of the date | you file, the claim is: | Check all that apply. | | |
| Ontario | CA 91764 | Contingent | | | | |
| City | State ZIP Code | ☐ Unliquidate ☐ Disputed | ea | | | |
| Who owes the deb | ot? Check one. | ш . | Check all that apply. | | | |
| Debtor 1 only | | | nent you made (such as | s mortgage or secured | car loan) | |
| ☐ Debtor 2 only ☐ Debtor 1 and D | ehtor 2 only | _ | en (such as tax lien, m | echanic's lien) | | |
| | the debtors and anoth | Δr - | lien from a lawsuit | | | |
| Check if this c | laim relates | Other (incl | uding a right to offset) | | | |
| Date debt was inc | urred | Last 4 digits o | f account number | | | |
| cracked motor-b | olown head gasket | | | _ | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$38,292.50

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| Debtor 1 | Scott T Trambles | | _ Case number (if | known) | |
|--|---|--|--|---|-----------------------------------|
| Part 1: | Additional Page After listing any entries on the sequentially from the previous | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| Creditor's nam 1600 Hunt Number St PO Box 12 | tington Drive treet 249 | Describe the property that secures the claim: Trailer As of the date you file, the claim is: Contingent | \$46,815.08 Check all that apply. | \$45,583.91 | \$1,231.17 |
| Debtor 2 Debtor 2 Debtor 3 Debtor 3 Debtor 4 Debtor 4 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 7 | State ZIP Code the debt? Check one. 1 only 2 only 1 and Debtor 2 only one of the debtors and another if this claim relates mmunity debt | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☑ An agreement you made (such as ☐ Statutory lien (such as tax lien, me ☐ Judgment lien from a lawsuit ☑ Other (including a right to offset) Other | | car loan) | |
| Z.3 The Mone Creditor's nam P.O.Box 8 | ne | Last 4 digits of account number Describe the property that secures the claim: home | \$182,222.24 | \$178,297.00 | \$3,925.24 |
| Debtor 2 Debtor 2 Debtor 3 Debtor 3 Debtor 4 Debtor 4 Debtor 5 Debtor 6 Debtor 6 Debtor 6 Debtor 6 Debtor 7 Deb | State ZIP Code the debt? Check one. 1 only 2 only 1 and Debtor 2 only one of the debtors and another if this claim relates mmunity debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, medulum) Judgment lien from a lawsuit Other (including a right to offset) Mortgage | mortgage or secured | car loan) | |
| Date debt w | vas incurred | Last 4 digits of account number | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$229,037.32

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| Debtor 1 Scott T Trambles | | _ Case number (if | known) | |
|---|--|--|---|-----------------------------------|
| Part 1: Additional Page After listing any entries or sequentially from the prev | | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| The Money Source Creditor's name P.O.Box 8086 Number Street | Describe the property that secures the claim: - home | \$4,000.00 | \$4,000.00 | |
| Virgina Beach VA 23450 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, many lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage arrears | s mortgage or secured | car loan) | |
| Date debt was incurred Various | Last 4 digits of account number | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$4,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$271,329.82

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| | | | |] | | |
|---|--|---|---|---|--|--|
| Fill in this inf | ormation to | identify your ca | ise: | | | |
| Debtor 1 | Scott | Т | Trambles | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | E. AN | M. I. II. N. | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | nkruptcy Court fo | or the: NORTHERI | N DISTRICT OF ILLINOIS | | | |
| Case number (if known) | | | | [| Check if this amended filing | |
| Official Form | 106E/F | | | | | |
| Schedule E/ | F: Credito | rs Who Have | Unsecured Claims | | | 12/15 |
| on Schedule A/B: Do not include an If more space is n to this page. On t | Property (Office of the control of t | ial Form 106A/B) a n partially secured e Part you need, fil | icts or unexpired leases that coul nd on Schedule G: Executory Cou claims that are listed in Schedule lit out, number the entries in the ite your name and case number (ecured Claims | ntracts and Unexpir D: Creditors Who I boxes on the left. A | ed Leases (Offic Hold Claims Sec | cial Form 106G). cured by Property. |
| | | | | | | |
| | • | ty unsecured claim | is against you? | | | |
| Mo. Got ☐ Yes. | to Part 2. | | | | | |
| claim. For ea show both pric more space is | ch claim listed, io ority and nonprio | dentify what type of rity amounts. As mority unsecured claim | reditor has more than one priority u claim it is. If a claim has both priori uch as possible, list the claims in al is, fill out the Continuation Page of I | ty and nonpriority an phabetical order acc | nounts, list that coording to the creating | laim here and ditor's name. If |
| (For an explar | nation of each ty | pe of claim, see the | instructions for this form in the instr | ruction booklet. | | |
| | | | | Total claim | Priority | Nonpriority |
| 2.1 | | | | | amount | amount |
| | | | Last 4 digits of account number | | | |
| Priority Creditor's Nam | ne | | • | | • | |
| Number Street | | | When was the debt incurred? | | _ | |
| | | | As of the date you file, the claim | is: Check all that ap | ply. | |
| | | | Contingent | | | |
| | | | Unliquidated Disputed | | | |
| City Who incurred the | State Check | ZIP Code | - | ···· | | |
| Debtor 1 only | debt: Check | one. | Type of PRIORITY unsecured cla ☐ Domestic support obligations | ıııı. | | |
| Debtor 2 only | | | Taxes and certain other debts | you owe the governm | nent | |
| Debtor 1 and D | Debtor 2 only the debtors and | another | Claims for death or personal in | jury while you were | | |
| | claim is for a co | | intoxicated Other. Specify | | | |
| Is the claim subje | | | L Janon. Spoonly | | | |
| □ No | | | | | | |
| Yes | | | | | | |

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| Debtor 1 | Scott T Trambles | Case number (if known) | |
|------------------------------------|---|---|-------------|
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | |
| | ny creditors have nonpriority unsecured No. You have nothing to report in this part Yes | I claims against you? . Submit this form to the court with your other schedules. | |
| If a cre type o | editor has more than one nonpriority unse of claim it is. Do not list claims already inc | in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed luded in Part 1. If more than one creditor holds a particular claim, list the off unsecured claims, fill out the Continuation Page of Part 2. | |
| | | | Total claim |
| 4.1 Acc/Chica Nonpriority C | ago, Inc creditor's Name | Last 4 digits of account number | \$0.00 |
| Number | Street | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | |
| Debtor Debtor Debtor At leas Check | State ZIP Code red the debt? Check one. 11 only 12 only 11 and Debtor 2 only 15 one of the debtors and another 15 if this claim is for a community debt 16 m subject to offset? | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other | |
| 4.2 Bank of A | reditor's Name | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | \$1,595.60 |
| Debtor Debtor Debtor At leas Check | • | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card | |

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| Debtor 1 Scott T Trambles | Case number (if known) | |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.3 | | \$2,156.90 |
| Capital One | Last 4 digits of account number | |
| Nonpriority Creditor's Name 15000 Capital One | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Richmond VA 23238 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations origing out of a congretion agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Credit Card | |
| Is the claim subject to offset? No | | |
| Yes | | |
| | | |
| 4.4 | | \$116.41 |
| ComEd Nonpriority Creditor's Name | Last 4 digits of account number | |
| Customer Care Center | When was the debt incurred? | |
| Number Street P.O.Box 87522 | As of the date you file, the claim is: Check all that apply. | |
| | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent | |
| Chicago II 60690 | Disputed | |
| Chicago IL 60680 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | Utility Service | |
| Is the claim subject to offset? | · | |
| ☑ No | | |
| Yes | | |
| 4.5 | | \$521.90 |
| Comenity bank | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| P.O.Box 182789 Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | Unliquidated | |
| Columbus OH 43218 | ─ | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community debt | Other | |
| Is the claim subject to offset? No | | |
| ✓ No Yes | | |

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| Debtor 1 Scott T Trambles | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.6 | | \$4,539.36 |
| Gafco | Last 4 digits of account number | |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| Number Street Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | Unliquidated | |
| Chicago IL 60606-1211 | Disputed | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community debt | Other | |
| Is the claim subject to offset? | | |
| ☑ No □ Yes | | |
| | | |
| 4.7 | | \$100.00 |
| Homewood Disposal Services | Last 4 digits of account number | |
| Nonpriority Creditor's Name 1501 W. 175th St | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Homewood IL 60430 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community debt | Other | |
| Is the claim subject to offset? No No | | |
| ☑ No □ Yes | | |
| | | |
| 4.8 | | \$10,057.18 |
| Illiana Financial Credit Union | Last 4 digits of account number | |
| Nonpriority Creditor's Name 1600 Huntington Drive | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| PO Box 1249 | _ Contingent | |
| | ☐ Unliquidated ☐ ☐ Disputed | |
| Calumet City IL 60409 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only | that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Personal loan | |
| Is the claim subject to offset? No No | | |
| Yes | | |

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| Debtor 1 Scott T Trambles | Case number (if known) | |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.9 | | \$5,009.80 |
| Illiana Financial Credit Union | Last 4 digits of account number | |
| Nonpriority Creditor's Name 1600 Huntington Drive | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| PO Box 1249 | Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| City IL 60409 City State ZIP Code | — | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 only | ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | |
| Check if this claim is for a community debt | ✓ Other. Specify Credit Card | |
| Is the claim subject to offset? | | |
| ✓ No Yes | | |
| 4.10 | | \$3,505.56 |
| Kay Jewelers | Last 4 digits of account number | |
| Nonpriority Creditor's Name P.O.Box 740425 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent Unliquidated | |
| Cincinneti OII 45074 0405 | Disputed | |
| Cincinnati OH 45274-0425 City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. | Student loans | |
| Debtor 1 only Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| Debtor 1 and Debtor 2 only | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Other | |
| Is the claim subject to offset? ✓ No | | |
| Yes | | |
| 4.11 | | \$472.00 |
| Macys | Last 4 digits of account number | |
| Nonpriority Creditor's Name PO Box 8217 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Mason OH 45040 City State ZIP Code | — The of MONDRIORITY was a sound of the | |
| Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: Student loans | |
| Debtor 1 only | ☐ Obligations arising out of a separation agreement or divorce | |
| Debtor 2 only Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| Check if this claim is for a community debt | | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |

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| Debtor 1 Scott T Trambles | Case number (if known) | |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu | red Claims Continuation Page | |
| After listing any entries on this page, number the previous page. | m sequentially from the | Total claim |
| 4.12 | | \$0.00 |
| Meijer | Last 4 digits of account number | |
| Nonpriority Creditor's Name PO Box 1 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Grand Rapids MI 49501 | | |
| City State ZIP Code | Type of NONPRIORITY unsecured claim: | |
| Who incurred the debt? Check one. Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Other | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |
| | | |
| 4.13 | | \$905.36 |
| Syncb/value City Furniture | Last 4 digits of account number | |
| Nonpriority Creditor's Name P.O.Box 965036 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Orlando FL 32896 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | ☑ Other. Specify | |
| Check if this claim is for a community debt | Other | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |
| | | |
| 4.14 | | \$0.00 |
| Teller, Levit & Silvertrust P.C. | Last 4 digits of account number | |
| Nonpriority Creditor's Name 11 East Adams Street, Suite 800 | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| | _ Contingent | |
| | ☐ Unliquidated ☐ Disputed | |
| Chicago IL 60603 | | |
| City State ZIP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 only | Student loans Obligations origing out of a congretion agreement or diverse | |
| Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Debtor 1 and Debtor 2 only | Debts to pension or profit-sharing plans, and other similar debts | |
| At least one of the debtors and another | Other. Specify | |
| Check if this claim is for a community debt | Attorney For - | |
| Is the claim subject to offset? | | |
| ☑ No ☐ Yes | | |

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| Debtor 1 | Scott T Trambles | Case number (if known) | | | | | | | | | |
|------------------------------------|---|--|-------------|--|--|--|--|--|--|--|--|
| Part 2: | Part 2: Your NONPRIORITY Unsecured Claims Continuation Page | | | | | | | | | | |
| previous p | ng any entries on this page, number the page. | m sequentially from the | Total claim | | | | | | | | |
| | f Olympia Fields creditor's Name | Last 4 digits of account number When was the debt incurred? | \$349.44 | | | | | | | | |
| Number | Street | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | | | | | | | |
| Debtor Debtor Debtor At leas Check | State ZIP Code red the debt? Check one. 11 only 12 only 11 and Debtor 2 only 15 one of the debtors and another 16 if this claim is for a community debt 17 m subject to offset? | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other | | | | | | | | | |

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| Debtor 1 | Scott 1 Trambles | | | Case number (if known) |
|-----------------------------|--|--|---|--|
| Part 3: | List Others to Bo | e Notified Abou | ut a Debt That You Alrea | ady Listed |
| For ex credite debts | cample, if a collection ag or in Parts 1 or 2, then I | gency is trying to dist the collection at 1 or 2, list the add | collect from you for a debt yo agency here. Similarly, if you litional creditors here. If you | for a debt that you already listed in Parts 1 or 2. ou owe to someone else, list the original u have more than one creditor for any of the do not have additional parties to be notified for |
| Common | wealth Edison | | On which entry in Part 1 | or Part 2 did you list the original creditor? |
| Name Bill Paym Number | ent Center Street | | Line <u>4.4</u> of (Check on | ne): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | <u> </u> | Fait 2. Creditors with Nonpholity Unsecured Claims |

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| Debtor 1 | Scott T Trambles | Case number (if known) | |
|----------|--|------------------------|--|
| Part 4: | Add the Amounts for Each Type of Unsecured Claim | | |

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim |
|--------------------------|-----|---|--------------|-------------|
| Total claims from Part 1 | 6a. | Domestic support obligations | 6a. | \$0.00 |
| | 6b. | Taxes and certain other debts you owe the government | 6b. | \$0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. - | \$0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6d. | \$0.00 |
| Total claims | 6f. | Student loans | 6f. | Total claim |
| from Part 2 | 01. | Stadent round | Oi. | |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. - | \$29,329.51 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$29,329.51 |

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| Fill in this inf | ormation to i | dentify your case | : | |
|---------------------------------|---------------------|-------------------|---------------------|------------------------------------|
| Debtor 1 | Scott First Name | T Middle Name | Trambles Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court fo | r the: NORTHERN D | ISTRICT OF ILLINOIS | |
| Case number (if known) | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
 is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| | | | | _ |
|------------------------------|--|-------------------------|--|---|
| Fill in this in | formation to | identify your case | : | |
| Debtor 1 | Scott First Name | T Middle Name | Trambles Last Name | - |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court fo | or the: NORTHERN D | ISTRICT OF ILLINOIS | _ |
| Case number (if known) | | | | Check if this is an amended filing |
| Official Form | 106H | | | |
| Schedule H | | ebtors | | |
| page. On the top | • | al Pages, write your n | | n the left. Attach the Additional Page to this own). Answer every question. use as a codebtor.) |
| include Arizo | • | • | | ry? (Community property states and territories exas, Washington, and Wisconsin.) |
| <u> </u> | d your spouse, fo | rmer spouse, or legal e | quivalent live with you at the ti | me? |
| person show creditor on S | vn in line 2 agair Schedule D (Offi | n as a codebtor only if | that person is a guarantor o dule E/F (Official Form 106E | otor if your spouse is filing with you. List the or cosigner. Make sure you have listed the E/F), or Schedule G (Official Form 106G). Use |

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| F | ill in this inform | nation to i | dentify | vour case: | | | | | | | | | | |
|---------------------------|--|--|---|--|-------------------------|------------------------------|---------------------|---|-----------------|------------------------------|--------------|--|----------------|-----------|
| | Debtor 1 | Scott | 7 | Т | | Tra | mbles | | | | | | | |
| ' | Deptor 1 | First Name | | Middle Name | | | Name | <u>, </u> | | _C | he | ck if this is: | | |
| | Debtor 2 (Spouse, if filing) | First Name | | Middle Name | | Last | Name | | | [|] | An amended filing | | |
| , | United States Bankr | uptcy Court | for the: | NORTHERN | DIST | TRICT | OF IL | LINC | OIS | □ |] | A supplement showing chapter 13 income as of | | |
| 1 | Case number (if known) | | | | | | | - | | | | | _ | - |
| Of | ficial Form 10 |)6I | | | | | | | | | | MM / DD / YYYY | | |
| | hedule I: Yo | | ne | | | | | | | | | | | 12/15 |
| res incl abo you | ponsible for supply ude information al out your spouse. If ir name and case n | ying correct bout your sp more space | informati oouse. If y e is neede nown). Ar | on. If you are you are separed, attach a se | e mar rated epara | ried ar and yo te shee | nd not f our spo | iling use i | joint is not | ly, and yoເ : filing with | ur s 1 ye | Debtor 2), both are eq spouse is living with you, ou, do not include info any additional pages, v | ou, rmatior | 1 |
| 1. | Fill in your emplo | yment | | | | | | | | | | | | |
| | If you have more t | han one | | | <u>Del</u> | btor 1 | | | | | | Debtor 2 or non-filin | g spou | se |
| | job, attach a sepai | | Employn | nent status | ✓ | Empl Not e | oyed mploye | ed | | | | ✓ Employed✓ Not employed | | |
| | additional employe | | Occupat | ion | un | emplo | | . . | | | | bus driver | | |
| | Include part-time, or self-employed v | - | · | er's name | <u> </u> | <u>pc</u> | , y o u | | | | | CTA | | |
| | | | Linploye | i S Hallie | | | | | | | | | | |
| | Occupation may in student or homem | | Employe | er's address | Nun | nber St | reet | | | | | Law Department Number Street | | |
| | applies. | | | | | | | | | | | PO Box 7564 | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Chicago | IL | 60680-756 |
| | | | | | City | , | | | State | Zip Code | | City | State | Zip Code |
| | | | How Ion | g employed t | here? | · _ | | | | _ | | | | _ |
| Р | art 2: Give D | etails Abo | out Mon | thly Incom | ie | | | | | | | | | |
| | imate monthly inco | | | u file this for | m. If y | you hav | e noth | ng to | repo | rt for any lii | ne, | write \$0 in the space. | Include | your |
| If yo | 0 . | spouse have | e more tha | | | mbine | the info | rmat | ion fo | r all employ | yer | s for that person on the | lines be | elow. If |
| , 50 | | u ооре | 51100 | | | | | | For | Debtor 1 | | For Debtor 2 or non-filing spouse | _ | |
| 2. | List monthly gros payroll deductions would be. | | | | | | wage | 2. | _ | \$0.0 | <u>0</u> | \$4,225.00 | | |
| 3. | Estimate and list | monthly ove | ertime pav | <i>I</i> . | | | | 3 | _ | \$0.0 | n | \$0.00 | | |

\$0.00

\$4,225.00

4. Calculate gross income. Add line 2 + line 3.

| Deb | tor 1 | Scott T Tr | rambles | | Case nun | ber (it | f known) | | |
|-----|--------------------|-------------------------------|--|----------------|-----------------------|---------|---------------------------------------|------|------------------------|
| | | | | | For Debtor 1 | | Debtor 2 or -filing spous | se | |
| | Сор | y line 4 here | | 4. | \$0.00 | | \$4,225.00 | _ | |
| 5. | List | all payroll ded | uctions: | | | | | | |
| | 5a. | Tax, Medicare | e, and Social Security deductions | 5a. | \$0.00 | | \$758.33 | | |
| | 5b. | Mandatory co | ntributions for retirement plans | 5b. | \$0.00 | | \$704.17 | _ | |
| | 5c. | Voluntary con | tributions for retirement plans | 5c. | \$0.00 | | \$0.00 | | |
| | 5d. | Required repa | syments of retirement fund loans | 5d. | \$0.00 | _ | \$0.00 | | |
| | 5e. | Insurance | | 5e. | \$0.00 | _ | \$487.50 | | |
| | 5f. | Domestic sup | port obligations | 5f. | \$0.00 | | \$0.00 | | |
| | 5g. | Union dues | | 5g. | \$0.00 | | \$0.00 | | |
| | 5h. | Other deduction Specify: | ons. | _ 5h. + | \$0.00 | _ | \$0.00 | | |
| 6. | Add 5g + | t he payroll de 5h. | ductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + | 6. | \$0.00 | _ | \$1,950.00 | | |
| 7. | | | nthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | _ | \$2,275.00 | | |
| 8. | | | ne regularly received: | | | | | | |
| | 8a. | | om rental property and from operating a fession, or farm | 8a. | \$0.00 | _ | \$0.00 | | |
| | | | nent for each property and business showing ordinary and necessary business expenses, and lly net income. | | | | | | |
| | 8b. | Interest and d | ividends | 8b. | \$0.00 | | \$0.00 | | |
| | 8c. | | rt payments that you, a non-filing spouse, or a gularly receive | 8c. | \$0.00 | _ | \$0.00 | | |
| | | | y, spousal support, child support, maintenance, nent, and property settlement. | | | | | | |
| | 8d. | Unemploymer | nt compensation | 8d. | \$0.00 | | \$0.00 | | |
| | 8e. | Social Securit | ty | 8e. | \$0.00 | | \$0.00 | | |
| | 8f. | Other government | ment assistance that you regularly receive | | | | | | |
| | | cash assistanc | ssistance and the value (if known) or any non- te that you receive, such as food stamps or the Supplemental Nutrition Assistance Program) sidies. | | | | | | |
| | | Specify: | | 8f. | \$0.00 | | \$0.00 | | |
| | 8g. | Pension or ret | tirement income | - 8g. | \$1,429.00 | | \$0.00 | | |
| | 8h. | Other monthly | / income. | Ü | | _ | · · · · · · · · · · · · · · · · · · · | | |
| | | Specify: | | 8h. + | \$0.00 | | \$0.00 | | |
| 9. | Add | all other incon | ne. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$1,429.00 | | \$0.00 | | |
| 10. | | | income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$1,429.00 | · [_ | \$2,275.00 | | \$3,704.00 |
| 11. | | | ular contributions to the expenses that you list in S | chedul | e J. | | | | |
| | Inclu | | s from an unmarried partner, members of your housel | | | room | imates, and o | ther | |
| | Do r | not include any a | amounts already included in lines 2-10 or amounts tha | at are no | ot available to pay e | xpens | ses listed in S | chec | dule J. |
| | Spe | cify: | | | | | 11. | + | \$0.00 |
| 12. | inco | | the last column of line 10 to the amount in line 11. amount on the Summary of Your Assets and Liabilities | | | | | | \$3,704.00 Combined |
| 12 | | | increase or decrease within the year after you file t | hie for | m? | | | | monthly income |
| 13. | ₩ | • | | 1101 6111 | | | | | |
| | | I | None. | | | | | | |
| | Ш | Yes. Explain: | | | | | | | |
| | | L | | | | | | | |

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| F | ill in this inform | ation to identif | y your case: | | 01 | ar marta ta | | |
|----|---|---|---|--------------------|----|--------------------------|---------------------|-----------------|
| | Debtor 1 | Scott | т т | rambles | _ | ck if this is An amen | | |
| | Debtor 1 | First Name | | ast Name | | A supple | ment showing | |
| | Debtor 2 (Spouse, if filing) | First Name | Middle Name La | ast Name | | following | 3 expenses as date: | s or the |
| | United States Bankru | uptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | MM / DD | / YYYY | _ |
| | Case number (if known) | | | | | | | |
| 0 | fficial Form 10 | 6J | | | ı | | | |
| S | chedule J: Yo | ur Expenses | 3 | | | | | 12/15 |
| na | rrect information. If me and case numbe | more space is nee | , | | | | | |
| 1. | Is this a joint case | ? | | | | | | |
| 2. | _ No | ebtor 2 live in a se Debtor 2 must file ndents? | parate household? Official Form 106J-2, Expense No | Donondontio roleti | | | Dependent's | Does dependent |
| | Do not list Debtor 1 Debtor 2. | and 🗀 | Yes. Fill out this information for each dependent | Dobtor 1 or Dobtor | | | ige | live with you? |
| | Do not state the de | pendents' | | <u>Daughter</u> | | 1 | 19 | □ No □ Yes |
| | names. | ' | | | | | | □ No □ Yes |
| | | | | | | | | □ No - □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | Yes No |
| • | De vers evmenesses | وادراه | - | | | | | Yes |
| 3. | Do your expenses expenses of peop yourself and your | le other than | ✓ No ☐ Yes | | | | | |
| F | Part 2: Estima | te Your Ongoir | ng Monthly Expenses | ; | | | | |
| to | | of a date after the | ruptcy filing date unless y bankruptcy is filed. If this | - | - | - | - | |
| | | | government assistance i Schedule I: Your Income | • | | | Your expens | es |
| 4. | | | nses for your residence. ny rent for the ground or lo | t. | | 4. | | \$1,662.00 |
| | If not included in I | ine 4: | - - | | | | | |
| | 4a. Real estate ta | xes | | | | 4a | | |
| | 4b. Property, hom | eowner's, or renter' | s insurance | | | 4b | | |
| | 4c. Home mainter | nance, repair, and u | pkeep expenses | | | 4c | | |
| | 4d. Homeowner's | association or cond | dominium dues | | | 4d | | |

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| Debtor 1 Scott T Trambles | Case number (if known) | |
|---|------------------------|----------|
| | Your expen | ises |
| 5. Additional mortgage payments for your residence, such as home equity loans | 5 | |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a | \$350.00 |
| 6b. Water, sewer, garbage collection | 6b | \$240.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c | \$125.00 |
| 6d. Other. Specify: | 6d. | |
| 7. Food and housekeeping supplies | 7. | \$450.00 |
| 3. Childcare and children's education costs | 8. | \$400.00 |
| D. Clothing, laundry, and dry cleaning | 9. | \$100.00 |
| 10. Personal care products and services | 10. | \$80.00 |
| 11. Medical and dental expenses | 11. | \$80.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$200.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$40.00 |
| 14. Charitable contributions and religious donations | 14. | |
| 15. Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a | |
| 15b. Health insurance | 15b. | |
| 15c. Vehicle insurance | 15c | \$170.00 |
| 15d. Other insurance. Specify: | 15d | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 2 Specify: | 20. 16 | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. | |
| 17b. Car payments for Vehicle 2 spouse's car payment | 17b. | \$450.00 |
| 17c. Other. Specify: Reserve for taxes | 17c | \$440.00 |
| 17d. Other. Specify: | 17d. | |
| 18. Your payments of alimony, maintenance, and support that you did not repor deducted from your pay on line 5, Schedule I, Your Income (Official Form 10 | | |
| Other payments you make to support others who do not live with you. Specify: | 19. | |

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| Deb | tor 1 | Scott T Trambles | Case number (if known) | |
|-----|-------|--|------------------------|--------------|
| 20. | | real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income. | | |
| | 20a. | Mortgages on other property | 20a. | |
| | 20b. | Real estate taxes | 20b | |
| | 20c. | Property, homeowner's, or renter's insurance | 20c | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d | |
| | 20e. | Homeowner's association or condominium dues | 20e | |
| 21. | Other | Specify: | 21. + | |
| 22. | Calcu | alate your monthly expenses. | | |
| | 22a. | Add lines 4 through 21. | 22a | \$4,787.00 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | . 22b | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | 22c | \$4,787.00 |
| 23. | Calcu | slate your monthly net income. | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a | \$3,704.00 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. – | \$4,787.00 |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c | (\$1,083.00) |
| 24. | Do yo | ou expect an increase or decrease in your expenses within the year after you | u file this form? | |
| | | kample, do you expect to finish paying for your car loan within the year or do you ent to increase or decrease because of a modification to the terms of your mortg | . , | |
| | | No. Yes. Explain here: None. | | |

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| Debto | r 1 | Scott | Т | Trambles | | |
|------------------------------|---|--|--|--|---|---|
| | | First Name | Middle Name | Last Name | | |
| Debto (Spou | r 2 se, if filing) | First Name | Middle Name | Last Name | _ | |
| United | d States Bar | nkruptcy Court fo | or the: NORTHERN [| DISTRICT OF ILLINOIS | | |
| Case | number | | | | ☐ Chook ii | this is an |
| (if kno | own) | | | | amende | this is an d filing |
| Offici | al Form | 106Sum | | | | |
| 3um | mary of | Your Ass | ets and Liabili | ties and Certain S | tatistical Information | 12/1 |
| correct | information | n. Fill out all of | f your schedules first inal forms, you must | ; then complete the informa | er, both are equally responsible for ation on this form. If you are filing dicheck the box at the top of this properties the top of the | g amended |
| | | | | | | Your assets |
| . Sc | hedule A/B: | Property (Offici | al Form 106A/B) | | | Value of what you own |
| | | | • | \/B | | \$178,297.00 |
| | Copy line | 62, Total perso | nal property, from Sch | edule A/B | | \$77,583.91 |
| 1b | . Соруо | | | | | |
| | | 63, Total of all | property on Schedule A | A/B | | \$255,880.91 |
| | . Copy line | 63, Total of all | | A/B | | \$255,880.91 |
| 1c. | . Copy line | | | A/B | | \$255,880.91 Your liabilities Amount you owe |
| 1c. Part | . Copy line 2: Sur | mmarize You | ur Liabilities ave Claims Secured by | y Property (Official Form 106 | | Your liabilities Amount you owe |
| 1c. Part 2. Sc 2a 3. Sc | . Copy line 2: Sur thedule D: C . Copy the | mmarize You Freditors Who Ha total you listed i | ur Liabilities ave Claims Secured by in Column A, Amount o | y Property (Official Form 106 of claim, at the bottom of the l ons (Official Form 106E/F) | D) | Your liabilities Amount you owe \$271,329.82 |
| 1c. Part 2. Sc. 2a 3. Sc. 3a | Copy line 2: Sur chedule D: C Copy the chedule E/F: Copy the | mmarize You Freditors Who Ha total you listed in Creditors Who total claims from | ur Liabilities ave Claims Secured by in Column A, Amount of Have Unsecured Clain in Part 1 (priority unsec | y Property (Official Form 106 of claim, at the bottom of the l ns (Official Form 106E/F) cured claims) from line 6e of \$ | D) last page of Part 1 of Schedule D | Your liabilities Amount you owe \$271,329.82 |

Summarize Your Income and Expenses

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| Deb | otor 1 | Scott T Trambles | Case number (if known) | | | |
|-----|--|--|--------------------------------------|----------------------|--|--|
| P | art 4: | Answer These Questions for Administrative and Statisti | cal Records | | | |
| 6. | . Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | | | |
| | ш | o. You have nothing to report on this part of the form. Check this box and sees | ubmit this form to the court with yo | our other schedules. | | |
| 7. | What I | kind of debt do you have? | | | | |
| | ست | our debts are primarily consumer debts. Consumer debts are those "incumulation of the primarily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistically. | | a personal, | | |
| | | our debts are not primarily consumer debts. You have nothing to report ones form to the court with your other schedules. | on this part of the form. Check this | s box and submit | | |
| 8. | | the Statement of Your Current Monthly Income: Copy your total current m I Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | onthly income from | \$5,706.42 | | |
| 9. | Copy t | the following special categories of claims from Part 4, line 6 of Schedule | e <i>E/F:</i> | | | |
| | | | Total claim | | | |
| | From I | Part 4 on Schedule E/F, copy the following: | | | | |
| | 9a. D | omestic support obligations. (Copy line 6a.) | \$0.0 | 0 | | |
| | 9b. Ta | axes and certain other debts you owe the government. (Copy line 6b.) | \$0.0 | <u>0</u> | | |
| | 9c. C | laims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.0 | 0 | | |
| | 9d. S | tudent loans. (Copy line 6f.) | \$0.0 | <u>0</u> | | |
| | 9e 0 | bligations arising out of a separation agreement or divorce that you did not re | enort as \$0.0 | 0 | | |

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

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| Fill in this inf | ormation to | identify your case | : | | |
|--|-------------|--------------------|-----------|--|---------------------------------------|
| Debtor 1 | Scott | Т | Trambles | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number | | | | | |
| (if known) | - | | | | Check if this is an amended filing |
| Official Form 106Dec | | | | | |
| Declaration About an Individual Debtor's Schedules | | | | | |
| | | | | | |

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | | | | |
|---|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | |
| ☑ No | | | | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |
| | | | | |
| | | | | |
| Under penalty of perjury, I declare that I have read true and correct. | I the summary and schedules filed with this declaration and that they are | | | |
| | | | | |
| X /s/ Scott T Trambles Scott T Trambles, Debtor 1 | X Signature of Debtor 2 | | | |
| Date 03/06/2018 | Date | | | |
| MM / DD / YYYY | MM / DD / YYYY | | | |

12/15

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| Ē | ill in this inf | ormation to ide | ntify your | case: | | | |
|-----|------------------------------------|---|----------------------------|---|--|--|--|
| | Debtor 1 | Scott | Т | Trambles | | | |
| | | First Name | Middle Nar | ne Last Name | | | |
| | Debtor 2 Spouse, if filing) | First Name | Middle Nar | ne Last Name | | | |
| U | Jnited States Bar | nkruptcy Court for th | e: NORTH | ERN DISTRICT OF IL | LINOIS | | |
| | Case number | , , | | | | Charle if this | : |
| (i | f known) | | | | _ | ☐ Check if this amended fili | |
| 0 | fficial Form | 107 | | | | | |
| _ | | | ffairs fo | r Individuals Fil | ing for Bankr | uptcy | 04/16 |
| yo | rrect informatio ur name and ca | n. If more space is se number (if know | s needed, at vn). Answe | tach a separate sheet to | o this form. On the t | e equally responsible for su op of any additional pages, efore | |
| 1. | | current marital stat | | | | | |
| 2. | _ | | u lived anyv | vhere other than where | you live now? | | |
| | ☑ No | | - | last 3 years. Do not incl | | w. | |
| 3. | (Community p | | | | | ity property state or territor rada, New Mexico, Puerto Ric | • |
| | ✓ No ☐ Yes. Mak | e sure you fill out So | chedule H: \ | our Codebtors (Official F | Form 106H). | | |
| F | Part 2: Exp | olain the Source | es of You | r Income | | | |
| 4. | Fill in the total | amount of income y | ou received | or from operating a bu from all jobs and all bus me that you receive toge | inesses, including par | | endar years? |
| | □ No ☑ Yes. Fill i | n the details. | | | | | |
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | ources of income neck all that apply. | Gross income (before deductions and exclusions | Sources of income Check all that apply. | Gross income (before deductions and exclusions |
| | • | f the current year u for bankruptcy: | ıntil 🔲 | Wages, commissions, bonuses, tips | \$25,000.00 | Wages, commissions, bonuses, tips | |
| | | | \checkmark | Operating a business | | Operating a business | |
| | r the last calend | • | | Wages, commissions, bonuses, tips | \$0.00 | Wages, commissions, bonuses, tips | |
| (Ja | nuary 1 to Dece | mber 31, <u>2017</u>) YYYY | $\overline{\checkmark}$ | Operating a business | | Operating a business | |
| | • | ear before that: | | Wages, commissions, bonuses, tips | \$0.00 | Wages, commissions, bonuses, tips | |
| (Ja | nuary 1 to Dece | mber 31, 2016) | V | Operating a business | | ☐ Operating a business | |

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| Deb | otor 1 | Scott T Trambles | | Case nur | mber (if known) | _ |
|---|--------|---|--------------------------------------|--|--------------------------------------|--|
| 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are a unemployment; and other public benefit payments; pensions; rental income; interest; dividence and gambling and lottery winnings. If you are in a joint case and you have income that you re Debtor 1. List each source and the gross income from each source separately. Do not include income | | alimony; child support; Sods; money collected from eceived together, list it on | lawsuits; royalties; | | | |
| | □ No | s. Fill in the details. | , | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions | Sources of income Describe below. | Gross income from each source (before deductions and exclusions |
| | | ary 1 of the current year until u filed for bankruptcy: | pension | \$14,000.00 | | |
| | | calendar year: December 31, 2017 | pension | \$18,000.00 | | |
| | | endar year before that: December 31, 2016) | pension | \$18,000.00 | | |

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| Deb | otor 1 | Scott T Trambles | Case number (if known) | | |
|-----|---|--|---|--|--|
| P | art 3: | List Certain Payments You Made Befor | e You Filed for Bankruptcy | | |
| 6. | Are eith | er Debtor 1's or Debtor 2's debts primarily consu | ner debts? | | |
| | □ No. | Neither Debtor 1 nor Debtor 2 has primarily con "incurred by an individual primarily for a personal, | asumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as family, or household purpose." | | |
| | | During the 90 days before you filed for bankruptcy | , did you pay any creditor a total of \$6,425* or more? | | |
| | | ☐ No. Go to line 7. | | | |
| | | total amount you paid that creditor. Do n | d a total of \$6,425* or more in one or more payments and the ot include payments for domestic support obligations, such as include payments to an attorney for this bankruptcy case. | | |
| | | * Subject to adjustment on 4/01/19 and every 3 years | ars after that for cases filed on or after the date of adjustment. | | |
| | ∀ Yes | Debtor 1 or Debtor 2 or both have primarily cor | sumer debts. | | |
| | | During the 90 days before you filed for bankruptcy | , did you pay any creditor a total of \$600 or more? | | |
| | | ✓ No. Go to line 7. | | | |
| | | | d a total of \$600 or more and the total amount you paid that mestic support obligations, such as child support and alimony. ney for this bankruptcy case. | | |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? <i>Insiders</i> include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony. | | | | |
| | ☑ No □ Yes | . List all payments to an insider. | | | |
| 8. | | year before you filed for bankruptcy, did you ma | ke any payments or transfer any property on account of a debt that | | |
| | Include | payments on debts guaranteed or cosigned by an ins | ider. | | |
| | ✓ No ☐ Yes | . List all payments that benefited an insider. | | | |
| | | | | | |
| | | | | | |
| P | art 4: | Identify Legal Actions, Repossessions | and Foreclosures | | |
| 9. | List all s | | party in any lawsuit, court action, or administrative proceeding? aims actions, divorces, collection suits, paternity actions, support or custody | | |
| | ☑ No ☐ Yes | . Fill in the details. | | | |

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| Deb | tor 1 | Scott T Trambles | Case number (if known) |
|-----|---------------|--|---|
| 10. | seized, | I year before you filed for bankruptcy, was any of your property repose or levied? all that apply and fill in the details below. | sessed, foreclosed, garnished, attached, |
| | | Go to line 11. Fill in the information below. | |
| 11. | | 90 days before you filed for bankruptcy, did any creditor, including a bast from your accounts or refuse to make a payment because you owed | · · · · · · · · · · · · · · · · · · · |
| | ✓ No ☐ Yes | . Fill in the details. | |
| 12. | | I year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official? | possession of an assignee for the benefit of |
| | ✓ No | | |
| Pa | art 5: | List Certain Gifts and Contributions | |
| 13. | Within | 2 years before you filed for bankruptcy, did you give any gifts with a to | tal value of more than \$600 per person? |
| | ✓ No ☐ Yes | . Fill in the details for each gift. | |
| 14. | | 2 years before you filed for bankruptcy, did you give any gifts or contri :harity? | butions with a total value of more than \$600 |
| | ✓ No ☐ Yes | . Fill in the details for each gift or contribution. | |
| Pa | art 6: | List Certain Losses | |
| 15. | | l year before you filed for bankruptcy or since you filed for bankruptcy isaster, or gambling? | , did you lose anything because of theft, fire, |
| | ✓ No ☐ Yes | . Fill in the details. | |
| Pa | art 7: | List Certain Payments or Transfers | |
| 16. | | I year before you filed for bankruptcy, did you or anyone else acting or you consulted about seeking bankruptcy or preparing a bankruptcy p | |
| | Include | any attorneys, bankruptcy petition preparers, or credit counseling agencies | for services required for your bankruptcy. |
| | ✓ No ☐ Yes | . Fill in the details. | |

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| Deb | tor 1 | Scott T Trambles | Case number (if known) |
|-----|---------------|--|---|
| 17. | | 1 year before you filed for bankruptcy, did you or anyone else acting who promised to help you deal with your creditors or to make paym | |
| | Do not | include any payment or transfer that you listed on line 16. | |
| | ✓ No | s. Fill in the details. | |
| 18. | | 2 years before you filed for bankruptcy, did you sell, trade, or otherw by transferred in the ordinary course of your business or financial affa | |
| | | both outright transfers and transfers made as security (such as granting cinclude gifts and transfers that you have already listed on this statement. | of a security interest or mortgage on your property). |
| | ☑ No □ Yes | s. Fill in the details. | |
| 19. | | 10 years before you filed for bankruptcy, did you transfer any properte a beneficiary? (These are often called asset-protection devices.) | ty to a self-settled trust or similar device of which |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| P | art 8: | List Certain Financial Accounts, Instruments, Safe De | posit Boxes, and Storage Units |
| 20. | | 1 year before you filed for bankruptcy, were any financial accounts o , closed, sold, moved, or transferred? | r instruments held in your name, or for your |
| | | checking, savings, money market, or other financial accounts; certificates, pension funds, cooperatives, associations, and other financial institution | • |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| 21. | | now have, or did you have within 1 year before you filed for bankrup urities, cash, or other valuables? | tcy, any safe deposit box or other depository |
| | ✓ No | s. Fill in the details. | |
| 22. | - | ou stored property in a storage unit or place other than your home wi | ithin 1 year before you filed for bankruptcy? |
| | ✓ No ☐ Yes | s. Fill in the details. | |
| P | art 9: | Identify Property You Hold or Control for Someone Els | se |
| 23. | - | hold or control any property that someone else owns? Include any in trust for someone. | property you borrowed from, are storing for, |
| | ✓ No ☐ Yes | s. Fill in the details. | |

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| Scott i frambles | | Case number (if known) |
|---|---|--|
| Part 10: Give Details About | Environmental Information | |
| or the purpose of Part 10, the follow | ring definitions apply: | |
| hazardous or toxic substance, wa | deral, state, or local statute or regulation conce stes, or material into the air, land, soil, surface controlling the cleanup of these substances, w | e water, groundwater, or other medium, |
| • | or property as defined under any environmenta or utilize it, including disposal sites. | al law, whether you now own, operate, or |
| - | ing an environmental law defines as a hazardo ollutant, contaminant, or similar item. | ous waste, hazardous substance, toxic |
| eport all notices, releases, and prod | ceedings that you know about, regardless of w | when they occurred. |
| 4. Has any governmental unit notif law? | ied you that you may be liable or potentially lia | able under or in violation of an environmental |
| ✓ No✓ Yes. Fill in the details. | | |
| Have you notified any governmentNoYes. Fill in the details. | ntal unit of any release of hazardous material? | ? |
| _ | dicial or administrative proceeding under any e | environmental law? Include settlements and |
| ✓ No ☐ Yes. Fill in the details. | | |
| Part 11: Give Details About | Your Business or Connections to An | y Business |
| 7. Within 4 years before you filed for business? | or bankruptcy, did you own a business or have | e any of the following connections to any |
| A member of a limited lia A partner in a partnership An officer, director, or ma | employed in a trade, profession, or other activity, obility company (LLC) or limited liability partnership anaging executive of a corporation of the voting or equity securities of a corporation | • |
| No. None of the above applie✓ Yes. Check all that apply abo | s. Go to Part 12. ve and fill in the details below for each business. | |
| ocal Trucker | Describe the nature of the business | Employer Identification number Do not include Social Security number or I |
| Susiness Name | | EIN: |
| umber Street | ds, Name of accountant or bookkeeper | Dates business existed |
| | <u> </u> | From To |
| City State ZIP Code | | |
| ZILV SIBLE ZIP CODE | | |

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| Debtor | 1 | Scott T Trambles | | Case number (if known) |
|-------------------------------|-----------------------------|---|---|---|
| | | years before you filed for bankruptcy, d cial institutions, creditors, or other partic | | ent to anyone about your business? Include |
| | | Fill in the details below. | | |
| Part | 12: | Sign Below | | |
| that an propert or both | swers ty by f i. 18 l | J.S.C. §§ 152, 1341, 1519, and 3571. | making a false statement, conse can result in fines up to \$2 | • |
| | | T Trambles ambles, Debtor 1 | X Signature of Debtor 2 | |
| Date | | 03/06/2018 | Date | |
| Did you | ı attac | ch additional pages to Your Statement of | Financial Affairs for Individua | Is Filing for Bankruptcy (Official Form 107)? |
| ☑ No □ Yes | 8 | | | |
| Did you | ı pay | or agree to pay someone who is not an a | ttorney to help you fill out bar | nkruptcy forms? |
| ☑ No | | | | |
| | s. Nar | ne of person | | Attach the Bankruptcy Petition Preparer's Notice, |
| _ | | | | Declaration, and Signature, (Official Form 119) |

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| Fill in this information to identify your case: | | | | | |
|--|---------------------|-------------------------|--------------------|--|--|
| Debtor 1 | Scott First Name | T Middle Name | Trambles Last Name | | |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number | | | | | |
| (if known) | | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1:

List Your Creditors Who Hold Secured Claims

 For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | | | at do you intend to do with the perty that secures a debt? | Did you claim the property as exempt on Schedule C? | |
|---|--------------------------------|--|--|---|-----------|
| Creditor's name: | Concordia Finance | | Surrender the property. Retain the property and redeem it. | | No Yes |
| Description of property securing debt: | 2010 Peterbelt | | Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | | |
| Creditor's name: | Illiana Financial Credit Union | | Surrender the property. Retain the property and redeem it. | | No Yes |
| Description of property securing debt: | Trailer | | Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | | |
| Creditor's name: | The Money Source | | Surrender the property. Retain the property and redeem it. | | No Yes |
| Description of property securing debt: | home | | Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | _ | |

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| Debtor 1 Scott T Trambles | | | | Case number (if known) | | | | |
|---|---------------------|---|---|---|---|------------------------|--|--|
| Identify the creditor and the property that is collateral | | | What do you intend to do with the property that secures a debt? | | Did you claim the property as exempt on Schedule C? | | | |
| Cred nam | litor's e: | The Money Source | ш | Surrender the property. Retain the property and redeem it. | | No Yes | | |
| | cription of | home | | Retain the property and enter into a Reaffirmation Agreement. | | | | |
| propei securi | erty ıring debt: | | | Retain the property and [explain]: | | | | |
| Part 2 | List | Your Unexpired Personal P | roperty Leases | | | | | |
| fill in the | informatio | on below. Do not list real estate le | ases. Unexpired le | 6: Executory Contracts and Unexpirases are leases that are still in effect trustee does not assume it. 11 U | ct; the | e lease period has not | | |
| Des | cribe your | unexpired personal property leas | es | | Will t | his lease be assumed? | | |
| Non | ie. | | | | | | | |
| Part 3 | Sigr | n Below | | | | | | |
| | | f perjury, I declare that I have indi ty that is subject to an unexpired | • | about any property of my estate th | at sec | ures a debt and | | |
| X /s/ Sc | ott T Tra | mbles | x | | | | | |
| Scott | T Trambles | s, Debtor 1 | Signature of De | btor 2 | | | | |
| Date | 03/06/20 | | Date | | | | | |
| | MM / DD / | YYYY | MM / DD | / YYYY | | | | |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

| In | re Scott T Trambles | Case No. | | |
|----|--|---------------|---------------------------------|--|
| | | Chapter | 7 | |
| | DISCLOSURE OF COMPENSATION OF ATTOR | NEY FOR | DEBTOR | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the that compensation paid to me within one year before the filing of the petition in ba services rendered or to be rendered on behalf of the debtor(s) in contemplation o is as follows: | inkruptcy, or | agreed to be paid to me, for | |
| | For legal services, I have agreed to accept | | \$0.00 | |
| | Prior to the filing of this statement I have received | | \$0.00 | |
| | Balance Due | | \$0.00 | |
| 2. | The source of the compensation paid to me was: ☐ Debtor ☐ Other (specify) | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ☑ Debtor ☐ Other (specify) | | | |
| 4. | ☑ I have not agreed to share the above-disclosed compensation with any other associates of my law firm. | r person unle | ss they are members and | |
| | ☐ I have agreed to share the above-disclosed compensation with another personassociates of my law firm. A copy of the agreement, together with a list of the compensation, is attached. | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all | aspects of th | e bankruptcy case, including: | |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor is bankruptcy; | in determinin | g whether to file a petition in | |
| | b. Preparation and filing of any petition, schedules, statements of affairs and plan | n which may l | pe required; | |
| | c. Representation of the debtor at the meeting of creditors and confirmation hear | ing, and any | adjourned hearings thereof; | |

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| B2030 (Form 203 | 30) (12/15 |) |
|-----------------|------------|---|
|-----------------|------------|---|

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/06/2018 /s/ Robert J. Adams & Associates

Date

Robert J. Adams & Associates
Robert J Adams & Associates
901 W Jackson Suite 202

Chicago, IL 60607

Phone: (312) 346-0100 / Fax: (312) 346-6228

Bar No. 0013056

/s/ Scott T Trambles

Scott T Trambles

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Scott T Trambles CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

| The above named Debtor hereb knowledge. | y verifies that the attached list of creditors is true and correct to the best of his/her |
|---|---|
| Date 3/6/2018 | Signature/s/ Scott T Trambles Scott T Trambles |
| Date | Signature _ |

Acc/Chicago, Inc

Bank of America PO Box 851001 Dallas, TX 75285

Capital One 15000 Capital One Richmond, VA 23238

ComEd Customer Care Center P.O.Box 87522 Chicago, IL 60680

Comenity bank P.O.Box 182789 Columbus, OH 43218

Commonwealth Edison Bill Payment Center Chicago, IL 60668-0001

Concordia Finance 3602 Inland Empire Blvd Ste A210 Ontario, CA 91764

Gafco 205 West Wacker Dr. Suite 322 Chicago, IL 60606-1211

Homewood Disposal Services 1501 W. 175th St Homewood, IL 60430 Illiana Financial Credit Union 1600 Huntington Drive PO Box 1249 Calumet City, IL 60409

IRS PO Box 21126 Philadelphia, PA 19114

IRS Mail Stop 5010 CHI Chicago, IL 60604

IRS Assoc. Area Counsel, SB/SE 200 W. Adams, Ste. 2300 Chicago, IL 60606-5208

Kay Jewelers
P.O.Box 740425
Cincinnati, OH 45274-0425

Macys PO Box 8217 Mason, OH 45040

Meijer PO Box 1 Grand Rapids, MI 49501

Syncb/value City Furniture P.O.Box 965036 Orlando, Fl 32896

Teller, Levit & Silvertrust P.C. 11 East Adams Street, Suite 800 Chicago, IL 60603

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The Money Source P.O.Box 8086 Virgina Beach, VA 23450

Village of Olympia Fields

| Fill in this inf | | identify your case | | Check one box only as directed in the form and in Form 122A-1Supp: |
|--|---|------------------------|--|---|
| Debtor 1 | Scott First Name | T Middle Name | Trambles Last Name | 1. There is no presumption of abuse. |
| Debtor 2 (Spouse, if filing) United States Bar | First Name | Middle Name | Last Name DISTRICT OF ILLINOIS | 2. The calculation to determine if a presumptio of abuse applies will be made under Chapte Means Test Calculation (Official Form 122A) |
| Case number (if known) | | | | 3.The Means Test does not apply now becaus of qualified military service but it could apply later. |
| | | | | Check if this is an amended filing |
| Official Form Chapter 7 S | | f Your Current | Monthly Income | e 12 |
| • | space is neede | d, attach a separate s | heet to this form. Includes, write your name and o | ther, both are equally responsible for being le the line number to which the additional case number (if known). If you believe that you |
| formation applie e exempted fron ilitary service, c 22A-1Supp) with | n a presumption omplete and file this form. | e Statement of Exemp | tion from Presumption o | consumer debts or because of qualifying of Abuse Under § 707(b)(2) (Official Form |
| formation applie e exempted fror ilitary service, c 22A-1Supp) with | m a presumption omplete and file this form. | e Statement of Exemp | tion from Presumption o | |
| formation applie e exempted fror ilitary service, c 22A-1Supp) with Part 1: Cal | m a presumption omplete and file this form. | e Statement of Exemp | tion from Presumption o | |
| nformation applier exempted from illitary service, complete, compl | m a presumption omplete and file this form. Iculate Your marital and filin | e Statement of Exemp | tion from Presumption o | |

| Not | married. Fill out Column A, lines 2-11. | | | | | |
|--|--|--|--|--|--|--|
| Mar | ried and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. | | | | | |
| Married and your spouse is NOT filing with you. You and your spouse are: | | | | | | |
| $\overline{\mathbf{V}}$ | Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. | | | | | |
| | Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you | | | | | |

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Column B Column A Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions \$0.00 \$4,277.42 (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse \$0.00 \$0.00 if Column B is filled in. All amounts from any source which are regularly paid for household \$0.00 \$0.00 expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed

on line 3.

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| Debtor 1 Debtor 2 Gross receipts (before all deductions) Ordinary and necessary operating So.00 | Deb | otor 1 Scott T Trambles | | | C | ase number (if k | nown) | |
|--|-----|---|--|------------------------------------|-------------|------------------|--------------|--|
| Cross receipts (before all deductions) Ordinary and necessary operating So.00 | | | | | _ | | Debtor 2 or | 9 |
| Gross receipts (before all deductions) Ordinary and necessary operating — \$0.00 — \$0.00 expenses Net monthly income from a business, \$0.00 \$0.00 here → \$0.00 \$0.00 Reformance from rental and other real property Debtor 1 Debtor 2 Gross receipts (before all deductions) Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Net monthly income from rental or \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating — \$0.00 — \$0.00 Expenses Ordinary and necessary operating | 5. | Net income from operating a busine | ess, profession, or | farm | | | | |
| Ordinary and necessary operating = \$0.00 = \$0.00 expenses Net monthly income from a business, \$0.00 \$0.00 here → \$0.00 \$0.00 profession, or farm Debtor 1 | | | Debtor 1 | Debtor 2 | | | | |
| expenses Net monthly income from a business, \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 profession, or farm Debtor 1 Debtor 2 Gross receipts (before all deductions) Ordinary and necessary operating — \$0.00 \$ | | • • | \$0.00 | \$0.00 | | | | |
| Net monthly income from a business; \$0.00 \$0.00 here \$0.00 \$0.00 profession, or farm Debtor 1 | | | \$0.00 - | \$0.00 | Conv | | | |
| Debtor 1 Debtor 2 Gross receipts (before all \$0.00 \$0 | | | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | |
| Gross receipts (before all deductions) Ordinary and necessary operating — \$0.00 — \$0.00 expenses Net monthly income from rental or \$0.00 \$0.00 fother real property 7. Interest, dividends, and royalties \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 B. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: | 6. | Net income from rental and other re | al property | | | | | |
| Ordinary and necessary operating — \$0.00 — \$0.00 expenses Net monthly income from rental or other real property 7. Interest, dividends, and royalties \$0.00 \$0.00 \$0.00 \$0.00 B. Unemployment compensation \$0.00 \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: | | | Debtor 1 | Debtor 2 | | | | |
| Net monthly income from rental or so.00 \$0.00 here \$0.00 \$0.00 \$0.00 7. Interest, dividends, and royalties \$0.00 \$0.00 \$0.00 8. Unemployment compensation \$0.00 \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you | | • • | \$0.00 | \$0.00 | | | | |
| Net monthly income from rental or other real property 7. Interest, dividends, and royalties \$0.00 \$0.00 \$0.00 \$0.00 8. Unemployment compensation \$0.00 \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: | | | \$0.00 | \$0.00 | Copy | | | |
| 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you | | | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you | 7. | Interest, dividends, and royalties | | | | \$0.00 | \$0.00 | |
| For you | 8. | Unemployment compensation | | | | \$0.00 | \$0.00 | |
| For your spouse | | - | | | | | | |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | | For you | | | _ | | | |
| was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total current | | For your spouse | | 50.0 | <u> </u> | | | |
| amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$1,429.00 + \$4,277.42 = \$5,706.4 | 9. | | | ount received that | | \$1,429.00 | \$0.00 | |
| 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$1,429.00 + \$4,277.42 = \$5,706.2 | 10. | amount. Do not include any benefits r or payments received as a victim of a or international or domestic terrorism. | received under the war crime, a crime If necessary, list o | Social Security Acagainst humanity | t | | | |
| Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$1,429.00 + \$4,277.42 = \$5,706.40 Total current | | | | | — — + | | + | |
| | 11. | Add lines 2 through 10 for each colum | ın. | 3. | | \$1,429.00 | + \$4,277.42 | = \$5,706.42 Total current monthly income |

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| Debtor 1 | | S | cott T Trambles | | Case number (if known) |
|----------|--|-------------------------|---|-------------------------------------|--|
| Р | art 2: | | Determine Whether the Means 1 | est Applies to You | |
| 12. | Calcı | ulate | your current monthly income for the your | ear. Follow these steps: | |
| | 12a. Copy your total current monthly income from line 11 | | | Copy line 11 here > 12a. \$5,706.42 | |
| | | Mul | tiply by 12 (the number of months in a yea | ar). | X 12 |
| | 12b. | The | result is your annual income for this part | of the form. | 12b. \$68,477.04 |
| 13. | Calcı | ulate | the median family income that applies | to you. Follow these steps: | |
| | Fill in | the s | state in which you live. | Illinois | |
| | Fill in | the r | number of people in your household. | 3 | |
| | Fill in | the r | median family income for your state and s | ize of household | 13. \$78,559.00 |
| | | | st of applicable median income amounts, s for this form. This list may also be avai | | · |
| 14. | How | do th | ne lines compare? | | |
| | 14a. | $\overline{\mathbf{A}}$ | Line 12b is less than or equal to line 13. Go to Part 3. | On the top of page 1, check b | ox 1, There is no presumption of abuse. |
| | 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2. | | | | |
| Р | art 3: | | Sign Below | | |
| | By: | signir | ng here, I declare under penalty of perjury | that the information on this sta | tement and in any attachments is true and correct. |
| | | | | | · |
| | | | cott T Trambles T Trambles, Debtor 1 | X Signa | ture of Debtor 2 |
| | , | D | 0/0/0040 | Dete | |
| | l | Date_ | 3/6/2018 MM / DD / YYYY | Date_ | MM / DD / YYYY |
| | | | | | |

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.